

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:17

DOCUMENT # F96169

(0)

1. Corporation Name

SILVER BAY, INC.

Principal Place of Business

Mailing Address

% JACK M. WINEBRENNER
3773 CENTRAL AVENUE, SUITE A246
ST. PETERSBURG FL 33713

% JACK M. WINEBRENNER
3773 CENTRAL AVENUE, SUITE A246
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1982

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2209990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINEBRENNER, JACK M
3773 CENTRAL AVENUE
ST. PETERSBURG FL 33713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEST, DEAN
STREET ADDRESS 6504 SHALLOW MAR LN
CITY - ST - ZIP HIXSON TN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 809 N Valleywood Circle
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE V
NAME WEST, SUSAN L.
STREET ADDRESS 6504 SHALLOW MAR LN
CITY - ST - ZIP HIXSON TN

2.1 TITLE V - S
2.2 NAME
2.3 STREET ADDRESS 809 N Valleywood Circle
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE S
NAME WINEBRENNER, J.M.
STREET ADDRESS 3773 CENTRAL AVE.
CITY - ST - ZIP ST PETERSBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS DELETE
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norris Dean West* NORRIS DEAN WEST

5/26/95

813/327-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #